

Best Available Copy

POSITION	ID NO.	DATE
CLASSIFIER	7	4-3-95
EXAMINER	333	4-6-95
TYPIST	241	4-6-95
VERIFIER	338	4-7
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	1
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Claim	Date
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100	100

SYMBOLS

- ✓ Rejected
- = Allowed
- (Through numeral) Canceled
- N Restricted
- I Non-elected
- A Interference
- O Appeal
- O Objected